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Office Use Only

Reviewed By: _____

Date: _____

Approval Date: _____

Optimal Water Quality Control Parameter Recommendation

PWSID#: _____

Water System Name: _____

Complete the Distribution System section and a Facility ID section for each point of entry (TP). Attach *Additional Page(s)* as needed to include all point of entry facilities.

Distribution System

pH	Minimum Value: _____
Alkalinity ¹	Minimum Value: _____
Orthophosphate ²	Minimum Value: _____
Silica ³	Minimum Value: _____
Calcium ⁴	Minimum Value: _____

Facility ID# _____

pH	Minimum Value: _____
Alkalinity ¹	Minimum Value: _____
Orthophosphate ²	Minimum Value: _____
Silica ³	Minimum Value: _____

Rationale for Recommended Optimal Water Quality Control Parameter Minimum Values/Ranges:

Check who will be analyzing samples and indicate for which parameters:

- ☐ Certified Laboratory: _____
☐ Approved Person: _____
☐ Continuous Monitor: _____

Owner/Operator: _____
 (Signature) (Print Name) (Phone Number)

Date: ____/____/____

¹Required when alkalinity is adjusted as part of corrosion control

²Required when an inhibitor containing a phosphate compound is used

³Required when an inhibitor containing a silicate compound is used

⁴Required when calcium carbonate stabilization is used as part of corrosion control

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Additional Page(s)

PWSID#: _____

Water System Name: _____

Facility ID# _____

pH	Minimum Value:
Alkalinity ¹	Minimum Value:
Orthophosphate ²	Minimum Value:
Silica ³	Minimum Value:

Facility ID# _____

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